

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED SUBJECT INFORMATION DNA	1. DATE OF INCIDENT	TIME	2. ADDRESS OF OCCURRENCE	3. LOCATION CODE	4. BEAT/OCCUR					
	25-SEP-2015	21:04:00	906 N CENTRAL PARK AVE CHICAGO, IL 60651	290	1112					
	5. POSITION	6. LAST NAME	7. FIRST NAME	8. STAR NO	9. SEX	10. RACE CODE	11. AGE	12. HT.	13. WT.	
	9161	RAMEY	CHRISTOPHER R	14991	<input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	WMI	[REDACTED]	603	195	
	14. DATE OF APPT	15. EMPLOYEE NO	16. UNIT & BEAT OF ASSIGNMENT	17. DUTY STATUS	18. MEMBER INJURED?	19. MEMBER IN UNIFORM?				
	05-OCT-2012	[REDACTED]	011 1121	<input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				
	20. LAST NAME	21. FIRST NAME	22. M.I.	23. SEX	24. RACE	25. D.O.B.	26. HT.	27. WT.		
	ANDERSON	JAMES		<input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	BLK	[REDACTED]	510	150		
	29. TELEPHONE NO.	30. WAS SUBJECT ARMED? KNIFE/OTHER CUTTING INSTRUMENT	31. SUBJECT INJURED?	32. SUBJECT ALLEGED INJURY?						
	[REDACTED]	<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	KNIFE/OTHER CUTTING INSTRUMENT	<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No <input checked="" type="checkbox"/> 03 Yes <input type="checkbox"/> 04 No						
33. WHERE WAS MEDICAL TREATMENT OBTAINED?	34. BY WHOM?	35. CONDITION	36. CHARGES PLACED	37. CB NO	IR NO.					
MOUNT SINAI HOSPITAL	[REDACTED]	<input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Hospitalized <input type="checkbox"/> 03 Not Hospitalized <input type="checkbox"/> 04 Refused Medical Aid	[REDACTED]	[REDACTED]	[REDACTED]					
38. DNA	39. DNA	40. DNA	41. DNA	42. DNA	43. DNA					
REASON FOR USE OF FORCE (Check all that apply)	PASSIVE RESISTER	ACTIVE RESISTER	ASSAULTANT ASSAULT	ASSAULTANT BATTERY	ASSAULTANT DEADLY FORCE					
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>	FLED <input type="checkbox"/>	IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>	ATTACK WITH WEAPON <input checked="" type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/>					
	STIFFENED (DEAD WEIGHT) <input type="checkbox"/>	PULLED AWAY <input type="checkbox"/>	OTHER _____	ATTACK WITHOUT WEAPON <input type="checkbox"/>	WEAPON <input type="checkbox"/>					
	OTHER _____	OTHER _____	OTHER _____	OTHER _____	OTHER _____					
	MEMBER PRESENCE <input type="checkbox"/>	OPEN HAND STRIKE <input type="checkbox"/>	ELBOW STRIKE <input type="checkbox"/>	KNEE STRIKE <input type="checkbox"/>	FIREARM <input checked="" type="checkbox"/>					
	VERBAL COMMANDS <input checked="" type="checkbox"/>	TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>	CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>	KICKS <input type="checkbox"/>	OTHER _____					
	ESCORT HOLDS <input type="checkbox"/>	OC CHEMICAL WEAPON <input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>	IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>						
	WRISTLOCK <input type="checkbox"/>	CANINE <input type="checkbox"/>	OTHER _____	OTHER _____						
	ARMBAR <input type="checkbox"/>	TASER (Probe Discharge) <input type="checkbox"/>								
	PRESSURE SENSITIVE AREAS <input type="checkbox"/>	TASER (Contact Stim) <input type="checkbox"/>								
CONTROL INSTRUMENT <input type="checkbox"/>	TASER (Spark Displayed) <input type="checkbox"/>									
OC/CHMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>	OTHER _____									
OTHER _____										
44. OC/CHMICAL WEAPON AUTHORIZED BY (NAME)	45. ADDITIONAL INFORMATION									
POSITION	STAR NO.	UNIT								
41. WEAPON TYPE	<input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN	42. INCIDENT OCCURRED	43. LIGHTING CONDITIONS	44. WEATHER CONDITIONS						
	<input checked="" type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER	<input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	<input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial	<input checked="" type="checkbox"/> 06 Good Artificial	CLEAR					
45. TASER DART ID NO.	46. WEAPON SERIAL NO (Include Letters)	47. CHICAGO GUN REC NO	48. FIREARM OWNER ID NO	49. HANDGUN CERTIFICATE NO.						
TTG163	GLOCK, INC.-AU-	R028592S	[REDACTED]	[REDACTED]						
50. SPECIAL WEAPON CERTIFICATE NO.	51. PROPERTY INVENTORY NO	52. TYPE OF AMMUNITION USED	53. NO. OF WEAPONS DISCHARGED BY THIS MEMBER	54. TOTAL NO. OF SHOTS MEMBER FIRED						
	Department Issued		1	5						
55. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER	56. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO	57. NO. OF CARTRIDGES/SHOT SHELLS RELOADED 0	58. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	59. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO						
02 CROSS DRAW										
60. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) BACKING	61. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT <input type="checkbox"/> 02 5 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT									
62. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	63. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify)									
64. REVIEWING SUPERVISOR WILL ENSURE THE LEGIBILITY AND COMPLETENESS OF THIS REPORT AND ATTEST BY ENTERING THE REQUIRED INFORMATION BELOW.										
73. REPORTING MEMBER (Print Name) SLECHTER, SCOTT M 26-SEP-2015 02:45:49	STAR/EMPLOYEE NO. 1462	SIGNATURE [REDACTED]	74. REVIEWING SUPERVISOR (Print Name) FLETCHER, CHRISTOPHER D 119	SIGNATURE [REDACTED]	DATE REVIEWED 26-SEP-2015 03:02:44	TIME 16:713:28				
LOG# <u>16:713:28</u>										
Attachment <u>12</u>										

1526816271

HY438368
71 R.D. NO

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR: 1) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER. 2) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER. 3) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER. 4) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HEREIN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

/5. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE	<input type="checkbox"/> DNA	<input type="checkbox"/> REFUSED	<input checked="" type="checkbox"/> INTERVIEW NOT CONDUCTED (Specify Reason)
--	------------------------------	----------------------------------	--

Subject Deceased

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on the facts available at this time, it is the preliminary determination of the undersigned that Officer RAMEY acted in compliance with Department policy in that, Officer RAMEY fired his weapon in fear of his, and his partners life after the offender rushed him and his partner holding 2 box cutters.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

<input checked="" type="checkbox"/> I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.	<input type="checkbox"/> I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.
--	---

LOG ND/CRNO. 1077328 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name) FLETCHER, CHRISTOPH D	SIGNATURE 	DATE COMPLETED 26-SEP-2015 TIME 03:07:03
---	--	--

79. TOTAL TRR'S THIS EVENT No.

4